

STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED  
JAN 18 2011  
DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. FRAN-11-01 WRIA 36  
DATE ACCEPTED 1 / 6 / 11 BY FWCB  
FEE \$ 650.00 REC'D 1 / 6 / 11  
CHECK No. 1317  
ECY Coding: 001-002-WR10285-000011  
SEPA: ☒ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME City of Pasco	PHONE NO. (509) 545-3463	FAX NO. ( )
ADDRESS PO Box 293, 1025 S. Grey Ave.		
CITY Pasco	STATE WA	ZIP CODE 99301

CONTACT NAME (IF DIFFERENT FROM ABOVE) Doyle Heath	PHONE NO. (509) 545-3463	FAX NO. ( )
ADDRESS PO Box 293, 1025 S. Grey Ave.		
CITY Pasco	STATE WA	ZIP CODE 99301

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G3-20243P (A)	RECORDED NAME(S) City of Pasco
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	17	NW	N W	11	9	29	116-380-010	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	17	NW	N W	11	9	29		
I-182 River Pump Station		SW	N W	18	9	29		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: Municipal Irrigation

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Agricultural Irrigation	1612 gpm	606.4	Seasonal, Feb 1 to Oct 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Irrigation	1612gpm	606.4	Seasonal, Feb 1 to Oct 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
1,290 feet North and 1,150 feet East from W 1/4 corner of Sec. 11 being within the NW 1/4							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	11	9	29	Franklin	116-380-010	151.6
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: EE Properties, LLC. Attn. Dave Swisher							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Areas served by the City of Pasco							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.



Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G3-20243P(B) & G3-20243P(C)

**6. Remarks and Other Relevant Information:**

The assignment was approved by DOE in a letter dated May 15, 2006.

Existing well: 1,290 feet North and 1,150 feet East from the N 1/4 corner of 11-9-29, being within the NW 1/4

Proposed Diversion: 1,600 feet South and 500 feet East of NW 1/4 of 18-9-29

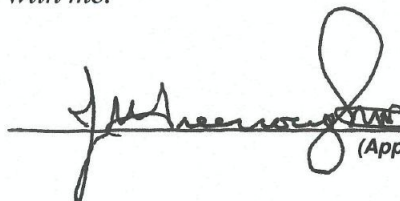
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_/\_\_\_/\_\_\_ END DATE \_\_\_/\_\_\_/\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

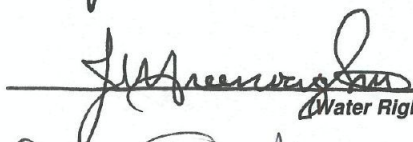
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

  
(Applicant)

1/15/11  
(Date)

  
(Water Right Holder)

1/15/11  
(Date)

D.K. Swab, member madison park, LLC a member of  
Emerald Resources, LLC the sole member EE Properties, LLC 12/30/10  
(Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_